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**DECLARATION AND POWER OF
ATTORNEY FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	Flarion-78APP1 (103)
First Named Inventor	Hui JIN
COMPLETE IF KNOWN	
Application Number	Not yet assigned
Filing Date	Herewith
Art Unit	Not yet assigned
Examiner Name	Not yet assigned

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS AND APPARATUS FOR DATA TRANSMISSION IN A BLOCK-COHERENT COMMUNICATION SYSTEM

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 4]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

DECLARATION AND POWER OF ATTORNEY

Utility or Design Patent Application

Power of Attorney:

As a named inventor, I hereby appoint:

John C. Pokotylo (Reg. No. 36,242)
Michael P. Straub (Reg. No. 36,941)

as my attorneys to prosecute this application and to transact all business in the United States Patent and Trademark Office in connection therewith.

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DECLARATION AND POWER OF ATTORNEY

Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>	Customer Number or Bar Code Label	26479	OR <input type="checkbox"/> Correspondence address below
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Name Straub & Pokotylo

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Country USA	Telephone (732) 335-1222	Fax (732) 335-1228
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
---------------------------------	---

Given Name (first and middle [if any]) Hui	Family Name or Surname JIN
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Inventor's Signature 	Date 08/05/03
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Residence: City Annendale	State NJ	Country USA	Citizenship Peoples Republic of China
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City Annendale	State NJ	ZIP 08801	Country USA
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NAME OF SECOND INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
--------------------------	---

Given Name (first and middle [if any]) Tom	Family Name or Surname RICHARDSON
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Inventor's Signature	Date
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Residence: City South Orange	State NJ	Country USA	Citizenship USA
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Mailing Address 420 Clark Street

City South Orange	State NJ	ZIP 07079	Country USA
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<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → **[+]**

Modified PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION AND POWER OF ATTORNEY

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 4 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Vladimir		NOVICHKOV	
Inventor's Signature	<i>Vladimir Novichkov</i>		Date <u>8/6/03</u>
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Mailing Address			
City Towaco	State NJ	ZIP 07082	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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